

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-579)

SERIAL NO.  
09/392817  
OFFICE

FILING DATE

9-9-99

CLAIMS

	AS FILED		AFTER 1st ALLOCATION		AFTER 2nd ALLOCATION	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23	1					
24						
25						
26						
27						
28						
29						
30						
31	1					
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL NO.	4					
TOTAL OFF.	216					
TOTAL	50					

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
63	1					
64						
65						
66						
67						
68						
69						
70						
71						
72						
73	1					
74						
75						
76						
77						
78						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL NO.	3					
TOTAL OFF.	23					
TOTAL	26					

BEST AVAILABLE COPY